



# TOWN OF WESTMINSTER

NAME OF OWNER				DATE		PERMIT #	
ADDRESS OF OWNER				TELEPHONE			
LOCATION OF PROPERTY No. STREET			IF IN A SUBDIVISION - NAME			LOT No.	
SIDE OF STREET <input type="checkbox"/> NORTH <input type="checkbox"/> SOUTH <input type="checkbox"/> EAST <input type="checkbox"/> WEST		MAP #	PARCEL #	SIZE OF LOT <input type="checkbox"/> Sq. Ft. <input type="checkbox"/> ACRES		ZONING	
PURCHASED PROPERTY FROM		DATE	ARE THERE ANY BODIES OF WATER, STREAMS OR SWAMP AREAS ON OR BUTTING LOT? <input type="checkbox"/> YES <input type="checkbox"/> NO				
LAND AREA DISTURBANCE <input type="checkbox"/> 10,000 SF TO 1 ACRE (43,560 SF) LID REGULATIONS = <b>CONSERVATION AGENT</b> OVER 1 ACRE (43,560 SF) STORM WATER MANAGEMENT = <b>PLANNING BOARD</b>							
BUILDER'S NAME				TELEPHONE			
BUILDER'S ADDRESS				LICENSE #		HIC #	
<b>EMAIL ADDRESS:</b>							
PURPOSE OF NEW BUILDING OR ALTERATION						SQ. FT. AREA	
IS THERE PLUMBING, HEATING, ELECTRICAL OR SHEET METAL ASSOCIATED WITH THIS CONSTRUCTION?		<input type="checkbox"/> PLUMBING <input type="checkbox"/> HEATING <input type="checkbox"/> ELECTRICAL <input type="checkbox"/> SHEET METAL <input type="checkbox"/> NONE					
OVERALL DIMENSIONS OF BUILDING		NO. OF STORIES	NO. OF ROOMS	NO. OF FAMILY UNITS	IS SEWERAGE SYSTEM TO BE: <input type="checkbox"/> CONSTRUCTED <input type="checkbox"/> REPAIRED <input type="checkbox"/> ALTERED		
NO. OF BEDROOMS	NO. OF BATHROOMS	NO. OF LAVATORIES	NO. OF GARBAGE DISPOSAL UNITS	WATER SUPPLY <input type="checkbox"/> TOWN WATER <input type="checkbox"/> NEW WELL <input type="checkbox"/> EXISTING WELL			
TYPE OF CONSTRUCTION		FOUNDATION MATERIAL		TYPE OF HEATING SYSTEM			NO. OF FIREPLACES
GARAGE <input type="checkbox"/> SEPARATE <input type="checkbox"/> ATTACHED <input type="checkbox"/> IN BASEMENT		GARAGE SQ. FT.	NO. OF VEHICLES	ESTIMATE OR CONTRACT COST			
APPROVED BY ZONING		DATE		PERMIT FEE			
APPROVED BY BOARD OF HEALTH		DATE		Applicant agrees to abide by the Rules and Regulations of the Building, Wiring, Gas and Plumbing Inspectors, Board of Health, Zoning Board, Board of Appeals, Highway and Water Departments, Board of Selectmen, Fire Chief and All applicable town By-Laws. No changes or alterations permitted unless revised plans are submitted and approved.			
APPROVED BY PLANNING BOARD		DATE					
APPROVED BY CONSERVATION COMM		DATE					
APPROVED BY FIRE CHIEF		DATE					
APPROVED BY HIGHWAY DEPARTMENT		DATE		SIGNATURE OF APPLICANT			
APPROVED BY BUILDING INSPECTOR		DATE					
APPROVED BY TREASURER/COLLECTOR		DATE		SIGNATURE OF BUILDER			



# **TOWN OF WESTMINSTER**

## ***Building Department***

11 South Street  
Westminster, MA 01473

Eric Chartrand, CBO  
Building Commissioner

Phone: 978-874-7407  
Fax: 978-874-7462  
Email: [echartrand@westminster-ma.gov](mailto:echartrand@westminster-ma.gov)

**In accordance with the provisions of MGL c 40, S 54, a condition of the Building Permit is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c 111, S 150A.**

**The debris will be disposed of in:**

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**(Location of Facility)**

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**Signature of Permit Applicant**

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**Date**



# The Commonwealth of Massachusetts

Office of Public Safety and Inspections Massachusetts

State Building Code (780 CMR)

## Building Permit Application for any Building other than a One- or Two-Family Dwelling

(This Section For Official Use Only)

Building Permit Number: \_\_\_\_\_ Date Applied: \_\_\_\_\_ Building Official: \_\_\_\_\_

### SECTION 1: LOCATION

No. and Street \_\_\_\_\_ City /Town \_\_\_\_\_ Zip Code \_\_\_\_\_ Name of Building (if applicable) \_\_\_\_\_  
Assessors Map # \_\_\_\_\_ Block # and/or Lot # \_\_\_\_\_

### SECTION 2: PROPOSED WORK

Edition of MA State Code used \_\_\_\_\_ If New Construction check here ☐ or check all that apply in the two rows below

Existing Building ☐ Repair ☐ Alteration ☐ Addition ☐ Demolition ☐ (Please fill out and submit Appendix 2)

Change of Use ☐ Change of Occupancy ☐ Other ☐ Specify: \_\_\_\_\_

Are building plans and/or construction documents being supplied as part of this permit application? Yes ☐ No ☐

Is an Independent Structural Engineering Peer Review required? Yes ☐ No ☐

Brief Description of Proposed Work: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 3: COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATION, ADDITION, OR CHANGE IN USE OR OCCUPANCY

Check here if an Existing Building Investigation and Evaluation is enclosed (See 780 CMR 34) ☐

Existing Use Group(s): \_\_\_\_\_ Proposed Use Group(s): \_\_\_\_\_

### SECTION 4: BUILDING HEIGHT AND AREA

	Existing	Proposed
No. of Floors/Stories (include basement levels) & Area Per Floor (sq. ft.)		
Total Area (sq. ft.) and Total Height (ft.)		

### SECTION 5: USE GROUP (Check as applicable)

A: Assembly A-1 ☐ A-2 ☐ Nightclub ☐ A-3 ☐ A-4 ☐ A-5 ☐ B: Business ☐ E: Educational ☐

F: Factory F-1 ☐ F-2 ☐ H: High Hazard H-1 ☐ H-2 ☐ H-3 ☐ H-4 ☐ H-5 ☐

I: Institutional I-1 ☐ I-2 ☐ I-3 ☐ I-4 ☐ M: Mercantile ☐ R: Residential R-1 ☐ R-2 ☐ R-3 ☐ R-4 ☐

S: Storage S-1 ☐ S-2 ☐ U: Utility ☐ Special Use ☐ and please describe below:

Special Use Description: \_\_\_\_\_

### SECTION 6: CONSTRUCTION TYPE (Check as applicable)

IA ☐ IB ☐ IIA ☐ IIB ☐ IIIA ☐ IIIB ☐ IV ☐ VA ☐ VB ☐

### SECTION 7: SITE INFORMATION (refer to 780 CMR 105.3 for details on each item)

<b>Water Supply:</b> Public <input type="checkbox"/> Private <input type="checkbox"/>	<b>Flood Zone Information:</b> Check if outside Flood Zone <input type="checkbox"/> or indentify Zone: _____	<b>Sewage Disposal:</b> Indicate municipal <input type="checkbox"/> or on site system <input type="checkbox"/>	<b>Trench Permit:</b> A trench will not be required <input type="checkbox"/> or trench permit is enclosed <input type="checkbox"/>	<b>Debris Removal:</b> Licensed Disposal Site <input type="checkbox"/> or specify: _____
<b>Railroad right-of-way:</b> Not Applicable <input type="checkbox"/> or Consent to Build enclosed <input type="checkbox"/>	<b>Hazards to Air Navigation:</b> Is Structure within airport approach area? Yes <input type="checkbox"/> or No <input type="checkbox"/>		<b>MA Historic Commission Review Process:</b> Is their review completed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

### SECTION 8: CONTENT OF CERTIFICATE OF OCCUPANCY

Edition of Code: \_\_\_\_\_ Use Group(s): \_\_\_\_\_ Type of Construction: \_\_\_\_\_

Does the building contain an Sprinkler System?: \_\_\_\_\_ Special Stipulations: \_\_\_\_\_

Design Occupant Load per Floor and Assembly space: \_\_\_\_\_

SECTION 9: PROPERTY OWNER AUTHORIZATION					
Name and Address of Property Owner					
Name (Print)		No. and Street		City/Town      Zip	
Property Owner Contact Information:					
Title		Telephone No. (business)		Telephone No. (cell)      e-mail address	
<b>If applicable, the property owner hereby authorizes:</b>					
Name		Street Address		City/Town      State      Zip	
to apply for and act on the property owner's behalf, in all matters relative to work authorized by this building permit application.					
SECTION 10: CONSTRUCTION CONTROL (Please fill out Appendix 1)					
If a building is less than 35,000 cu. ft. of enclosed space and/or not under Construction Control then <b>check here</b> <input type="checkbox"/> . Otherwise provide <a href="#">construction control forms</a> (see section 107 in the code) as required.					
10.1 Registered Professional Responsible for Construction Control (the professional coordinating document submittals)					
Name (Registrant)      Telephone No.      e-mail address				Registration Number	
Street Address      City/Town      State      Zip				Discipline      Expiration Date	
10.2 General Contractor					
Company Name					
Name of Person Responsible for Construction				License No. and Type if Applicable	
Street Address				City/Town      State      Zip	
Telephone No. (business)		Telephone No. (cell)		e-mail address	
SECTION 11: <a href="#">WORKERS' COMPENSATION INSURANCE AFFIDAVIT</a> (M.G.L. c. 152. § 25C(6))					
A Workers' Compensation Insurance Affidavit from the MA Department of Industrial Accidents must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.					
Is a signed Affidavit submitted with this application? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/>					
SECTION 12: CONSTRUCTION COSTS AND PERMIT FEE					
Item	Estimated Costs: (Labor and Materials)	Total Construction Cost (from Item 6) = \$ _____			
1. Building	\$ _____	Building Permit Fee = Total Construction Cost x ____ (Insert here appropriate municipal factor) = \$ _____.  Note: Minimum fee = \$ _____ (contact municipality) Enclose  check payable to _____ (contact municipality) and write check number here _____			
2. Electrical	\$ _____				
3. Plumbing	\$ _____				
4. Mechanical (HVAC)	\$ _____				
5. Mechanical (Other)	\$ _____				
6. Total Cost	\$ _____				
SECTION 13: SIGNATURE OF BUILDING PERMIT APPLICANT					
By entering my name below, I hereby attest under the pains and penalties of perjury that all of the information contained in this application is true and accurate to the best of my knowledge and understanding.					
Please print and sign name		Title		Telephone No.      Date	
Street Address		City/Town      State      Zip		Email Address	
<b>Municipal Inspector to fill out this section upon application approval:</b> _____					
				Name      Date	

## Appendix 1

Construction Documents are required for structures that must comply with 780 CMR 107. The checklist below is a compilation of the documents that may be required. The applicant shall fill out the checklist and provide the contact information of the registered professionals responsible for the documents. This appendix is to be submitted with the building permit application.

### Checklist for Construction Documents\*

No.	Item	Mark "x" where applicable		
		Submitted	Incomplete	Not Required
1	Architectural			
2	Foundation			
3	Structural			
4	Fire Suppression			
5	Fire Alarm (may require repeaters)			
6	HVAC			
7	Electrical			
8	Plumbing (include local connections)			
9	Gas (Natural, Propane, Medical or other)			
10	Surveyed Site Plan (Utilities, Wetland, etc.)			
11	Specifications			
12	Structural Peer Review			
13	Structural Tests & Inspections Program			
14	Fire Protection Narrative Report			
15	Existing Building Survey/Investigation			
16	Energy Conservation Report			
17	Architectural Access Review (521 CMR)			
18	Workers Compensation Insurance			
19	Hazardous Material Mitigation Documentation			
20	Other (Specify)			
21	Other (Specify)			
22	Other (Specify)			

\*Areas of Design or Construction for which plans are not complete at the time of application submittal must be identified herein. Work so identified must not be commenced until this application has been amended and the proposed construction document amendment has been approved by the authority having jurisdiction.

### Registered Professional Contact Information

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Name (Registrant)	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Telephone No.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> e-mail address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Registration Number
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Street Address	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> City/Town	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> State	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Zip
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Please follow this link for [construction control forms](#) to be used by Registered Design Professionals.

## Appendix 2

(For total demolition only)

For the demolition of structures the building permit applicant shall attest that utility and other service connections are properly addressed to ensure for public safety.

Please fill in the information below and submit this appendix with the building permit application. The building permit applicant attests under the pains and penalties of perjury that the following is true and accurate.

### Property Location

No. and Street	City /Town	Zip	Name of Building (if applicable)
Assessors Map #	Block # and/or Lot #		

For the above described property the following action was taken:

Water Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Gas Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Electricity Shut Off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other (if applicable)					
_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Provider notified and Release obtained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			Other (if applicable)		